



South Carolina Department of Insurance

Capitol Center, 1201 Main St., Suite 1000
Columbia, South Carolina 29201

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6160

MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

PREMIUM SERVICE COMPANIES MAXIMUM RATE SCHEDULE

NOTE: TWO COPIES OF THIS FORM MUST BE SUBMITTED WITH ORIGINAL SIGNATURES

Premium Service Company Name

License No.

Address

Telephone No.

City State Zip

Category

Maximum Rate or Fee

1. Initial Charge [38-39-80(d)]

1a. Premium Service Agreement \$_____ Must not exceed \$20 [38-39-80(d)]

1b. Addendum (Additional Financing) \$_____ Must not exceed \$20 [38-39-80(d)]

1c. Revision (Renewals) \$_____ Must not exceed \$20 [38-39-80(d)]

2. Service Charge [38-39-80 (c) & 38-39-80(e)]

[APPLICABLE TO LOANS FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSES]

2a. Interest Rate Method _____ % of the outstanding balance times
the number of monthly installments
Must not exceed 1% [38-39-80(e)]

2b. Fixed Dollar Amount Method \$_____ times the number of monthly
installments

3. Late Charge [38-39-80(g)] \$_____

[APPLICABLE TO LOANS FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSES]

4. Cancellation Charge [38-39-90(c)] \$_____

5. Convenience Fee [38-39-80(h)] \$_____ per transaction

6. First Filing? (Yes/No) _____ If no, give date of last filing: _____

Date

Signature (Officer or Owner)

(SCID 4503 – 11/04)

Name of Officer or Owner (Print)